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Audrey C. Marrocco

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State Registrar

10315694

No.

December 20, 2017

Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

017768

PRIMARY DIST. 51001

STATE FILE NO.

1. Name of deceased (First) <u>JOHN</u> (Middle) <u>MULDOWNEY</u> (Last) <u>MULDOWNEY</u>		2. Sex <u>M</u>	3. Date of death (Mo., Day, Yr.) <u>2/9/79</u>
4. Race - (e.g., White, Black, American Indian, etc.) <u>W.</u>	5A. Age last birthday (Yrs.) <u>72</u>	5B. If under 1 yr. Mos. <u>6</u> Days <u>22</u> Hours <u>06</u> Min. <u>06</u>	5C. Date of birth (Mo., Day, Yr.) <u>6A622 06</u>
6. County of death <u>PHILA</u>	7A. <u>PHILA</u>	7B. <u>PHILA</u>	7C. <u>PENNSYLVANIA HOSPITAL</u>
8. Mailing Address (Street or RFD No.) (City or Town) (State) (Zip Code) <u>2533 West St Phila 19105</u>		9. Marital Status <u>M</u>	10. Surviving Spouse (If wife, give maiden name) <u>Genevieve Muldowney</u>
11. Citizen of what country? <u>USA</u>	12. Was decedent ever in US Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Serial No. <u>?</u>	13. Social Security Number <u>?</u>	14. Usual Occupation (Kind of work done during most of working life) <u>COMMUNITY ORGANIZER</u>
15. Where did deceased actually live? a. State <u>Pa</u> b. County <u>Phila</u>		Did deceased live in a township? <input type="checkbox"/> Yes, deceased lived in _____ township. <input checked="" type="checkbox"/> No, deceased lived within actual limits of <u>Phila</u> city or borough.	
16. Father's name (First) <u>John</u> (Middle) <u>Muldowney</u> (Last) <u>MULDOWNEY</u>		17. Mother's maiden name (First) <u>Margaret</u> (Middle) <u>McGuire</u> (Last) <u>McGuire</u>	
18A. Informant's name (Type or Print) <u>Janette Costanzo</u>		18B. Informant's Mailing address (Street or RFD No.) (City or Town) (State) (Zip Code) <u>1932 Sandy Hill Rd Hometown 19401 PA</u>	
19A. <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal <input type="checkbox"/> Other <u>2-13-79</u>		19B. Date of burial, etc. <u>2-13-79</u>	
20A. Signature of funeral director and license number <u>Thompson & Hanson</u>		20B. Name and address of funeral establishment <u>Hanson Funeral Home 8018 Broadview Blvd Phila PA</u>	
21A. Registrar's Signature <u>Janette Costanzo</u>		21B. Date received by registrar <u>2-13-79</u>	
22A. Signature <u>Diane H. Jorkasky</u> and title <u>M.D.</u>		22B. Date Signed (Mo., Day, Yr.) <u>2/9/79</u>	
22C. Hour of Death <u>340</u> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>		22D. Signature <u>DR. ROBERT HONISH</u> and title <u>DR.</u>	
23A. Date Signed (Mo., Day, Yr.) _____		23B. Hour of Death _____ A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	
24. Name and Address of certifier (Physician, Medical Examiner or Coroner) (print or type) <u>DIANE H. JORKASKY, M.D. PA. HOSPITAL</u>		25. Name of attending physician <u>DR. ROBERT HONISH</u>	
26. Immediate cause: Enter only one cause per line for (A) (B) and (C) (A) <u>cardiopulmonary arrest</u> (B) <u>coronary artery disease</u> (C) _____		Interval between onset and death _____	
27. Due to, or as a consequence of: _____		Interval between onset and death _____	
28. Due to, or as a consequence of: _____		Interval between onset and death _____	
29. Other Significant Conditions - Conditions contributing to death but not related to cause given in Part I (a) _____		Autopsy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30. Was case referred to Medical Examiner or Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31. Acc., Suicide, Hom., Under, or Pand. Invest. (specify) _____	
32. Date of Injury (Mo., Day, Yr.) _____		33. Hour of Injury _____ A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	
34. Describe how injury occurred _____		35. Injury at work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36. Place of Injury (At home, farm, street, etc.) _____		37. Location (Street or RFD No.) (City, Boro, or Twp.) (State) _____	
38. _____		39. _____	